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THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

February, 1929

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In this Issue—

Toronto East General Hospital Opens Doors Free of Indebtedness
Treat Patients with Abundant Oxygen in "Health Tanks"
General Public Hospital, Saint John, N.B., Founded in 1860
Group Nursing from the Nurse's Point of View
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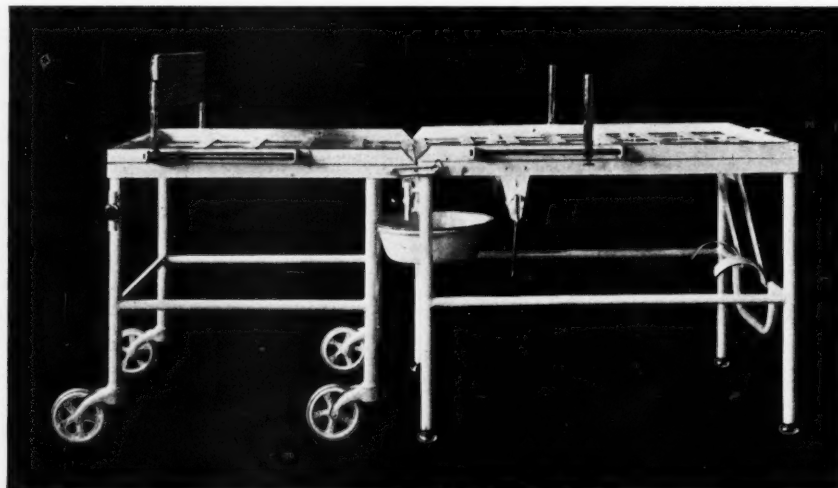
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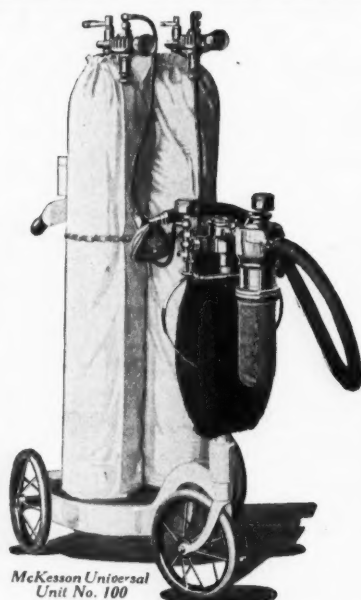
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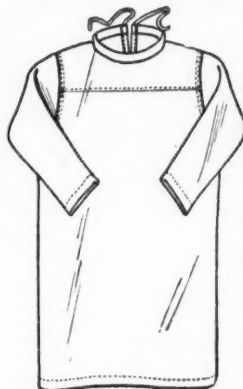


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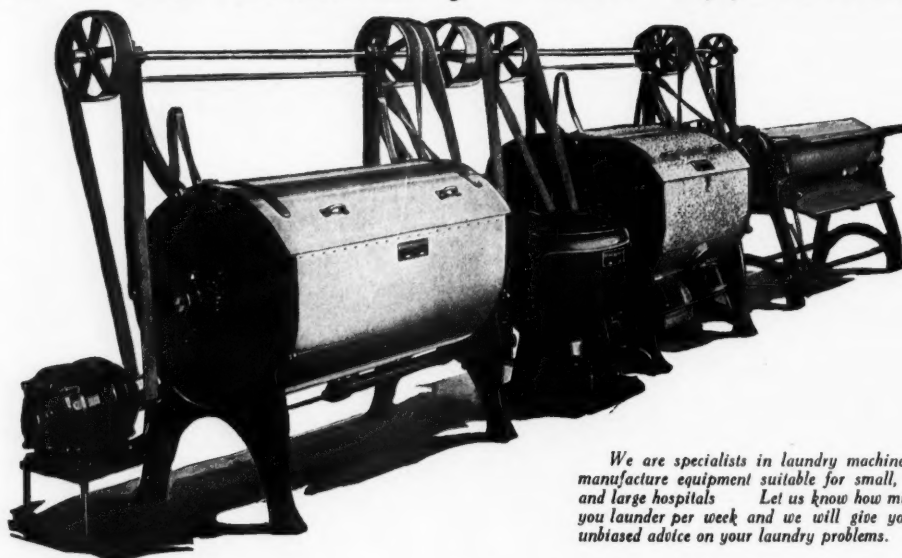
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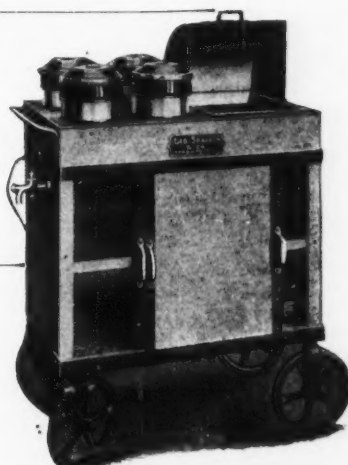
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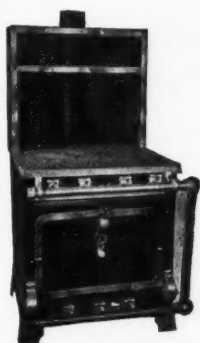
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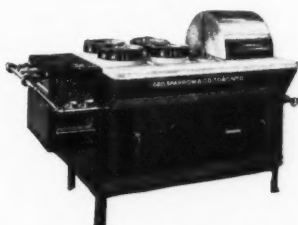
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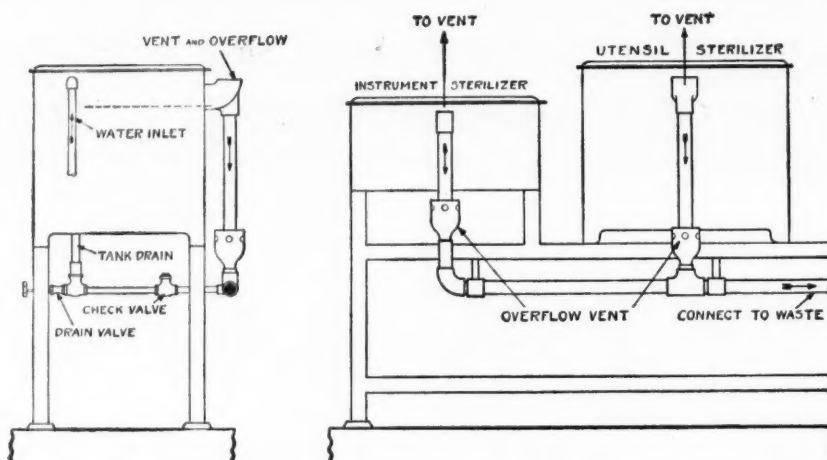
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No. 2

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An Efficient Superintendent is Invaluable

The differences in administration between a small hospital and a large one have been discussed many times and it is the opinion of some that a large hospital is more easily managed than a small one. In either case a successful administration depends almost entirely upon the ability and tact of the superintendent. His job is no sinecure. As one noted authority has said, the superintendent of a hospital

must be a versatile individual. He should be a good executive, must be a psychologist to the extent that he understands human nature as he encounters it in employees, physicians and patients. He must have a general knowledge of mechanics, electricity, gardening, diets, medicines, nursing and the many other details that arise in connection with hospital management. This, of course, applies particularly to the small hospital.

Above all he must have tact. Recently a hospital superintendent in making rounds found that a certain ward in his institution had not been properly cleaned. The pupil nurse who happened to be on duty at that time was openly censured by the superintendent for her failure to maintain the ward in a properly sanitary condition and the patients and attendants overheard the reprimand.

This superintendent lacked tact. If there is one rule that hospital administrators have always agreed upon, it is the inadvisability of censuring anyone, high or low, in the presence of others. Orders can be given through proper channels and corrective measures instituted in the same way. The superintendent should have the authority to express his disapproval of the acts of any member of the hospital personnel, but he must always use good judgment in his manner and time of expressing it.



Another difficulty which confronts the superintendent is the question of untrained employees. For the successful administration of a hospital an efficient staff of employees must be maintained. To keep help efficient they must be satisfied, and to be satisfied they must have comfortable living quarters and kindly treatment. It has been stated that every employee should have a room to himself if this is at all possible. He should be instructed and corrected in a quiet way and then if he does not show ability he should be replaced by another. This should be done in rapid succession until a satisfactory person is found. This may necessitate several changes but the result is usually worth the trouble.

The superintendent, too, can do much towards beautifying the hospital he manages. If the decorative scheme in the building is lacking in beauty there is still much which can be done to rectify this. In one hospital the superintendent replaced the usual white curtains with yellow and pink ones and these did much to relieve the monotony of dull gray walls. Perhaps the patients did not recover any more rapidly, but if the touch of colour relieved for but a few moments the bleak monotony of the wards for a few patients during the year it was worth while.

A real asset for the hospital superintendent is an active imagination. It aids not only himself but his administration, and when one considers the problems and difficulties with which he is beset at every moment of his busy day one realizes that no aid can be overlooked. The successful management of any hospital, small or large, means constant vigilance and untiring energy and the successful superintendent must be constantly on the alert that no detail be neglected.

What Does a Library Mean to a Hospital?

We would indeed be attempting the impossible were we to endeavour to answer this question in full; to attempt its answer, even in part, is a task at whose undertaking we hesitate. Who can gauge the therapeutic value of books to hospital patients? When the medical profession discover a new medicine, they insist on years of practice, along with the gathering of statistics, before they will make any definite statements as to the success of the discovery.

So it is with the hospital library. It must be thoroughly tried out and some data as to its beneficial results recorded before the importance of this therapeutic agent is accepted. We believe it is important, and we are not alone in our views. Almost anyone to whom this subject is introduced admits the benefits of books as a means of recreation for patients, providing they are of the proper type of course, but very few go so far as to say that they are a necessity.

We have come to a realization of the necessity of beauty in the hospital, the need for cheerful surroundings, the benefit of quiet, all of which means that the patient's mental condition is almost of as much importance as his physical condition. Therefore, books should be considered as one of the most active agents in this regard.

Books! To people well in mind and body they conjure up a world of delightful unreality. How much more necessary in this world of unreality to people who are ill in both mind and body! Dragging hours may be changed into hours of delight which rapidly pass, dull minds may be brightened into scintillating thought.



There comes the question, of course, as to how the books are to be provided for the hospital library.

Surely the public, if properly aroused to the need for books, would provide them. A book once read is not deprived of its value and there must be many homes where books, already read, are merely ornaments. Why not a campaign for these books?

The hospital administration must, of course, keep some censorship of the reading matter which is placed in the hands of the patients. A "good" book may have many definitions, but any book which meets the need and mood of the patient is a good book unless it is demoralizing. Give the patient the book which will keep him interested. If it is a "highbrow" volume, let him read it who can, and does, appreciate that type of literature; if it is merely recreational fiction, place it where it will do the most good.

As one writer has said in this regard, "Let the man on the upper floor who delights in special editions have his particular copy of Rostand's *"Cyrano de Bergerac,"* and let those who wish, follow the unruffled dignity of Cervantes' *"Don Quixote"* through all his foolish absurdities, even to his tilting with the windmills. Or there may be a sick mechanic who prefers to dream in terms of gears and crankshafts or even electro-static voltmeters. Give him books on

the construction of engines and aeroplanes and watch him turn sunwise."

Such service as this knows no prejudices; its purpose is solely to implant in the human heart some genuine encouragement. Its virtue is but its charity to the sick and the afflicted.

Books in hospitals, we are convinced, act as a real therapeutic agent in the gentle art of healing. So many of us know this, if only passively. Procrastination is the thief of time; let us change this passive knowledge to an active one and each make an effort to make a hospital library a real issue in every hospital, no matter how small or how far away. It has not, perhaps, struck us as an actual problem but we cannot afford to neglect anything which may help in this great service of healing and cheering our less fortunate brothers and sisters.

Increasing Problems of Caring for the Mentally Unfit

With approximately 25,000 persons confined in mental institutions at the close of 1928, as compared with approximately 24,000 at the beginning of the year, increasing attention is being paid to the problems of mental hygiene, by Dominion and Provincial Governments, and by social welfare organizers. It is estimated that were all persons in need of mental treatment attended to, there would be 25,000 more in institutions than there are. The number actually under treatment is limited only by the capacity of hospitals and the funds available.

During the past year, several important steps have been taken in connection with mental hygiene work. The Lady Willingdon fund for research has reached \$750,000, of which \$500,000 has been contributed by governments and individuals in Canada, and \$150,000 by the Laura Spellman Rockefeller Memorial Foundation. All of this fund is to be spent on research within the next five years.

The Province of Saskatchewan this year established the first government department of mental hygiene, under the Department of Health. This department, in addition to administration, is carrying on research work in co-operation with the University of Saskatchewan at Saskatoon. Mental work in Canada received a stimulus during the year from the report of a Royal Commission, appointed by the British Columbia Government, to study the matter, recommending a very progressive programme. A similar commission composed of Dr. C. M. Hincks and Dr. C. B. Farrar, is now conducting an investigation for the Province of Alberta. The Alberta Legislature, at the 1928 session, took the advanced step of enacting the first sterilization law in Canada. It provides for sterilization of mentally deficient persons who may be discharged from institutions.

It has been stated by Dr. J. A. Amyot, deputy minister of health, that an order-in-council has been passed giving free medical attention to veterans of the Great War who are pensioners and in indigent circumstances and not being treated by municipalities or other agencies.

Toronto East General Hospital Opens Doors Free of Indebtedness

For Toronto's 160,000 population east of the Don River, an event of historic importance occurred on the afternoon of January 12, 1929, when the Hon. W. D. Ross, Lieutenant-Governor, turned the golden key in the lock of the Toronto East General Hospital, and the new institution was officially started on its career of public service.

Associated with the Toronto East General Hospital there is a remarkable history, dating back some five years since the project had its inception. Earnest toil on the part of citizens of the East End in directing and conducting an extensive campaign to raise funds, as well as labour expended in the erection of the building, testify to the whole-hearted interest that has made possible the fulfilment of a dream.

"On the day of opening," stated Joseph H. Harris, M.P., the moving power back of the project, "the Board of Governors will be in the position of saying that the institution is being placed in operation entirely free from debt. There is a building worth \$339,000, equipment valued at \$75,000, and land valued at \$80,000. And the plant represents the most recent ideas in approved hospital construction and equipment."

Co-operation on the part of some 300 organizations, as well as the interest of thousands of individual East-End citizens, is represented in the establish-

ment of this splendid hospital. An interesting feature of the building of the hospital was the investment of contributions made from slender purses in actual bricks and mortar, while organization expenses were assumed by interested individuals with means.

Only five years ago the need of a hospital in the East End stirred the hearts of men of influence and humanitarian ideals, and to-day there stands complete an imposing structure of brick and stone, built upon a site extending over six and one-half acres.

Mr. Joseph H. Harris, M.P., first vice-president the Toronto East General Hospital, has been associated with the movement to erect a general hospital east of the Don River ever since its inception, and it is greatly due to his untiring efforts that the enterprise has been brought to such a successful termination.

So efficient was the collection of pledges under direction of R. O. Darling, manager of the Royal Bank of Canada nearby, that 98.8 per cent. of the \$534,000 pledged has already been paid. Of this Mr. Harris secured \$32,575 and some other property from the will of the late William Henry Hill, which has been the subject of so much litigation.

The building was designed by Assistant Architect K. S. Gillies in such a way that additions can—and will—be made from time to time without harming



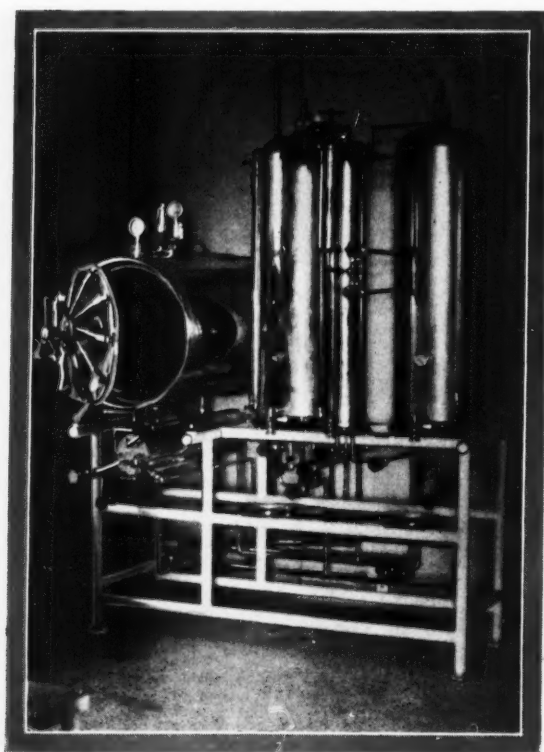
Toronto East General Hospital

the general appearance. At present the building has its own laundry, heating plant, kitchens, etc., but no residence for nurses. In consequence a training school will not be opened at the same time as the hospital, but this is planned for in the scheme for the future.

The man who has been selected to take charge of the activities of the new hospital, as superintendent, is Mr. R. R. Hewson. Mr. Hewson is a graduate of S.P.S., Toronto, went overseas with the Canadian army, spending four years in France, and he was, for two and one-half years, assistant superintendent of the Toronto General Hospital. He has had wide experience, which will prove invaluable to him in his new position.

The superintendent of nurses is Miss Dorothy M. Mole, daughter of the late Dr. William Mole, Toronto. Miss Mole is a graduate of the Grey Nuns' Hospital, Regina. She was overseas during the World War and took a post-graduate course in massage in Buxton, England, where she did this work for one and a half years. She also took post-graduate work in anaesthesia in Chicago, Ill., and held the post of superintendent of the General Hospital, Stoughton, Wis. From the position of superintendent of nurses at the General Hospital, Portsmouth, Ohio, she came to Toronto to act as superintendent of nurses at the new Toronto East General Hospital. Here Miss Mole, with five supporters and sixteen graduate nurses, will care for the patients who will take advantage of the facilities of the new institution.

No chief surgeon has yet been named, but he will



*Sterilizing Equipment in
The Toronto East General Hospital*

be selected by the sixteen medical men already connected with the institution. Doctors wishing to treat patients in the hospital must be approved by the board, which consists of Mark Bredin, president; Joseph H. Harris, chairman; W. W. Hiltz, vice-president; Thomas F. Allen, Robert Luxton, Denton Massey, Robert H. McGregor, George Oakley, Joseph Price, E. B. Ryckman and W. A. Summerville.

The new building is of concrete and steel construction throughout with a brick veneer finish; the interior of plastered walls making a splendid foundation for the colourful paint which helps so much to create a cheerful atmosphere. The corridors are painted cream, the rooms on the east side gray-green, and those on the west side a brighter green.

Decorative Scheme Pleasing

In the decorative scheme there is little to remind one that one is in a hospital. Every room cheerfully flaunts bright chintz hangings and each room has its own individual pattern and colour.

The flooring in operating, utility rooms and entrances is of terrazzo, while the corridors, wards and private rooms are covered with battleship linoleum, bordered with terrazzo producing the effect of rugs. Brass dividing strips are employed to allow for expansion. Kitchen, service kitchens, laundry and dining rooms are covered with square, red tile.

There are five floors in the building, four of which are to be used for service and the fifth floor as a solarium for the use of convalescents only. On each of the four service floors there is located a diet kitchen, linen closets and physicians' and nurses' offices.

The fourth floor is devoted to the surgical department, with accommodation for twenty-three patients. Here are the suites of operating rooms as well as utility rooms. The operating rooms are completely equipped with Balfour tables with modern scialytic lighting installation.

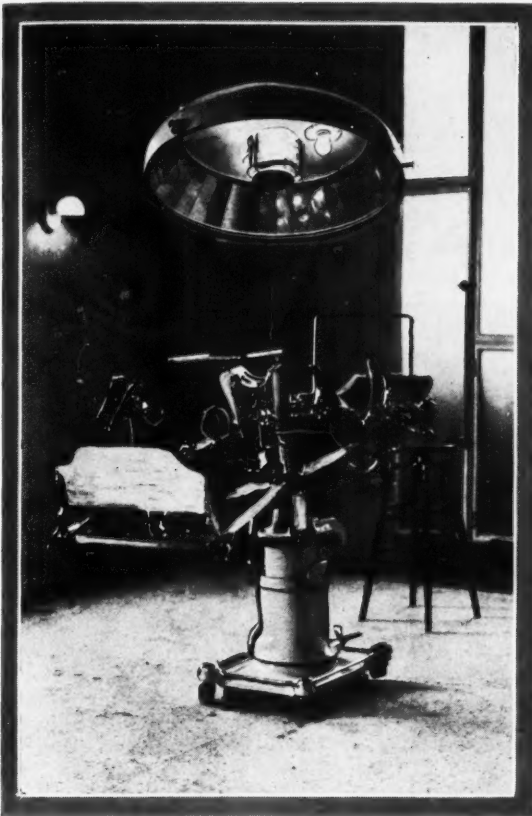
The third floor is devoted to the obstetrical department with accommodation for twenty-eight patients. Here there is a beautifully equipped nursery with thirty cots, which is equipped with modern Hess incubators, which are the last word in safety for the baby. Also located on this floor is an isolation nursery with four cots.

The third floor is the medical department, with accommodation for thirty-seven patients. The ground floor, which can accommodate seventeen patients may be employed either for surgical or medical cases.

The total accommodation of the hospital is 105 adult patients, distributed as follows: Fifteen private rooms, seven two-bed wards, three three-bed wards, and public ward accommodation for sixty-seven. Additional accommodation may be provided for fifteen if the convalescent ward is used. This is equipped with nurses' call system and necessary accommodation for beds in case of epidemics.

The administration department is at the south end of the building on the first floor, where are also the offices of the superintendent, and superintendent of nurses.

The admitting department and ambulance entrance is also at the south end and there is a covered



*Operating Room Equipment in
The Toronto East General Hospital*

driveway for the comfort of the patients. The waiting room, which is also being used as a Board room, is located at the west side, north of the main entrance, the substantial furniture of which was donated by a very staunch supporter of the hospital.

Next to the admitting department on the ground floor is the X-ray department, which is equipped with the most modern equipment available. There is a Bucke diaphragm, fluoroscopic table with transformer and control cabinet, and necessary overhead system. All of this was generously donated to the hospital by a very prominent X-ray enthusiast of Toronto.

Next to the X-ray is the out-patients' department, at the north end of the building. It is on the ground level and here there are facilities for handling ear, nose and throat, eye and dental work as well as G. U. clinic. There is ample accommodation to take care of all the out-patient work which is likely to be necessary in that end of the city.

There is a completely equipped pharmacy on the ground floor under the able supervision of R. J. Leach, Ph.B.

On the upper floor of a two-storey wing, extending from the east of the central portion of the building is located the kitchen, which is equipped with the most up-to-date appliances for modern cookery, as well as all the modern labour-saving devices. Facilities for special diets are provided.

On the same floor is located the refrigeration plant, which is divided into separate compartments for milk, cream, eggs, meats, vegetables, etc.

On the ground floor of this wing are the laundry and boiler room. One noteworthy feature of the laundry is that it is all above ground, as indeed is the whole hospital, and thus has the advantage of daylight which, it is stated, is not found in 90 per cent. of the hospitals of to-day.

In the boiler room are two 150 horsepower boilers with water softening system, which is also used in the laundry. There are, as well, super-heaters for sterilizing purposes.

The windows on the west side of the hospital are equipped with Athey shades, which are substituted for awnings and declared to be more efficient. These can be opened either from the top or bottom. Incidentally these shades are employed on the large windows of the operating room where a variety of light is required.

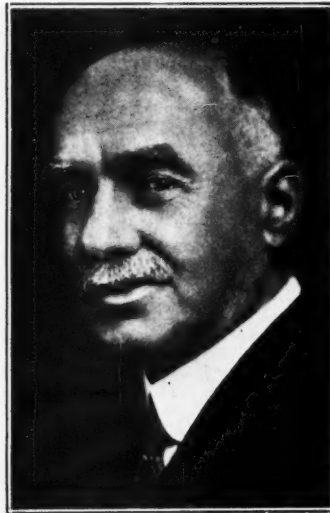
The furniture throughout the hospital is either of walnut or walnut finish, the dressers are of pleasing design and the metal beds are in walnut finish.

Altogether the whole atmosphere of the institution is one of charm and cheerfulness, with a home-like atmosphere pervading every department of the hospital.

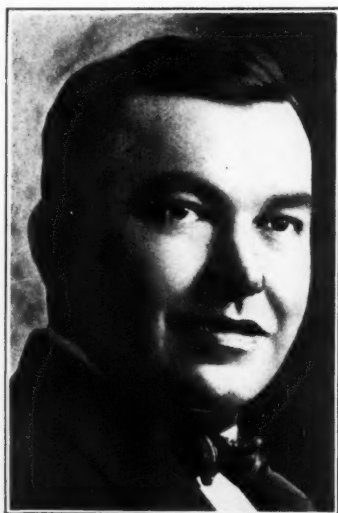


*Maternity Operating Room Equipment,
The Toronto East General Hospital*

Principals of Toronto East General Hospital



MR. MARK BREDIN
President
The Toronto East General Hospital



MR. JOSEPH H. HARRIS, M.P.
First Vice-President, *The Toronto East General Hospital*



MR. RALPH R. HEWSON
Superintendent
The Toronto East General Hospital

Junior Red Cross Originated in Saskatchewan

The honour of being the charter branch of an organization which now spreads over forty countries of the world and has a membership of more than ten million, goes to a Saskatchewan rural school. That was in 1915. Since then the movement has spread like wildfire. Outside of organized religion it has been stated that no movement has ever developed with such rapidity. Junior Red Cross branches are now to be found in Greece, Britain, Bulgaria, Japan, Cuba, Siam. Countries that are well known and countries that are unfamiliar to the untravelled, alike, claim branches.

Many are the tongues in which the official magazines of the Junior Red Cross are published. Thirty of these publications keep junior members in touch with the work and plans of their organization, in as many corners of the globe.

The society to which Saskatchewan gave birth was started primarily so that children might help during the war. It is now a sort of Junior League of Nations. Health, service and citizenship are its three objectives. The motto is that of the Prince of Wales, "I serve."

The health end is carried out by the children caring for their own and thus raising the standard of health in their neighbourhood. The "health game" is played by more than ten million children throughout the world. Citizenship is taught through the conducting of meetings and carrying on of business correspondence. But the chief feature of the citizenship programme is "international friendliness."

Through correspondence the children of Saskatchewan are brought in contact with the children of Australia, South Africa, Slovakia and other parts of the world. Quite frequently there is an exchange of portfolios, containing not only snaps of the Juniors at work and at play, but pictures of the country in which they live, essays on its industries and collections of pressed native plants and flowers.

The service side of the programme consists chiefly in aiding those children who lack health to obtain it. In Saskatchewan the Junior Red Cross hospital for crippled children is the chief thing to which the Juniors contribute the money they can earn.

When the war concluded there were 400 Junior Red Cross Societies in this province. In 1924 there were 1,000 with a membership of over 40,000. In all of Canada at the end of 1927 there were 157,155 members in 5,744 classrooms; and not one is over nineteen years of age.

A map chart which has just been received at Junior Red Cross headquarters shows the growth of the movement. In 1919 the society had branches throughout Canada and United States. By 1922 parts of South America, Britain and most of Europe had joined the movement. In 1925, South Africa, New Zealand, Japan, Siam, Greece and Spain were added. The map of the world representing 1928 shows the addition of Mexico and Cuba, while practically all of South America, with the exception of Peru and Guiana, have Junior Red Cross branches.

Sterling

SURGEONS' GLOVES



Glove Fatigue Can Be Avoided

Sterling Surgeons' Gloves eliminate discomfort and loss of sensitiveness due to restricted blood circulation.

Fingers and palms that really fit are well known features of these scientifically constructed gloves.

Sterling Rubber Company

LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

HOSPITAL EXECUTIVES
WHO APPRECIATE
QUALITY PRODUCTS
ARE THE FIRST TO
REQUISITION

GREEN SOAP

HARTZ

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The J. F. Hartz Co., Limited

Pharmaceutical Manufacturers

TORONTO

MONTREAL

Please refer to THE CANADIAN HOSPITAL when writing



The Cunningham Sanitarium, Cleveland, Ohio

Treat Patients with Abundant Oxygen in "Health Tanks"

By ALOIS HAUSER

Chief Engineer, Timken Roller Bearing Company, Canton, Ohio.

About twelve years ago a Dr. O. J. Cunningham at the University of Kansas conceived the idea of treating certain types of diseases with abundant oxygen. To do this he built an experimental steel tank in which the patients could live for a period of days under an air pressure considerably above atmospheric. The experiment proved so successful that a complete plant with several "health tanks" was then built at Kansas City and during the eight years it has been in operation, many cases of diabetes, pernicious anemia, neuritis, asthma and high blood pressure have been benefited through the action of the excess oxygen on the anaerobic bacteria in the human system.

This unique method of treatment was brought to the attention of H. H. Timken of Canton who thought enough of Dr. Cunningham's plant in Kansas City to finance a new million-dollar plant which has just been completed in Cleveland on Lake Shore Boulevard at East 185th Street.

In the design of this plant the fundamental problem was to provide a place where a group of patients could live comfortably in a well-lighted, well-ventilated and properly humidified atmosphere having a pressure of anywhere between five and thirty pounds above normal depending on the disease to be treated, for a period of between a few hours and a week; then another place where the patients could rest between treatments with all of the above advantages except that the air pressure would be normal. A steel tank was naturally used as the place for treatment as it could readily be made to withstand the pressures required. Inasmuch as it was considered advisable to be able to treat three different groups of patients simultaneously and at different pressures, three tanks were built all terminating in a common

"air lock" or equalizing chamber through which one must pass in coming into or out of any of the tanks. The "rest" quarters were provided by the construction of a well-equipped three-storey hotel adjacent to and connected directly with the air lock. Another connecting structure houses the air compressors and the air heating and conditioning equipment.

An up-to-date electrically-equipped kitchen in the hotel provides the meals not only for patients living in the hotel but also for those in the tanks, the meals for the tanks being wheeled into the air locks where the pressure is raised to that in the tank to which the meals are going and each tank has its own dining room where the meals are served.

Two of the three tanks are horizontal cylinders, 16 feet in diameter, one being 70 feet long and the other 35 feet. The third tank is a sphere 64 feet in diameter. The shells of the tanks are made of half-inch steel plates and the cylinders have three-quarter-inch heads. Daylight enters the tanks through cast steel port holes welded to the shell. They are equipped with clear glass windows 10 inches in diameter and one and one-eighth inches thick. There are 20 port holes in the small cylinder, 40 in the large one and 350 in the sphere. The tanks with the port holes installed were all tested at a pressure of 60 pounds or twice the maximum under which they are designed to be operated.

The two cylindrical tanks are equipped like Pullman cars, with all the conveniences of a hotel. The long tank has eight private sections, and in the short one there are four. Each section consists of a bedroom with upper and lower berth, shower, toilet and lavatory. Insulation is applied on the inside mainly for better endurance against weather conditions,

Continued on Page 25



CELSUS (*circa* 25 B. C. - 40 A. D.) the patrician commentator in the reign of Tiberius Caesar wrote one of the first accounts of the use of the ligature. Long threads were employed and allowed to protrude from the wound to facilitate their removal. He warns surgeons in their anxiety to exclude the air not to use the suture "until the depth of the wound has been so cleansed that no clot remains, for this turns into pus, excites inflammation, and prevents union".

D&G Sutures

"THIS ONE THING WE DO"

DAVIS & GECK INC.



Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*	NON-BOILABLE
NO.	NO.
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

Sizes: 000...00...0...1...2...3...4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Claustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.



NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000...00...0...1...2...3...4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

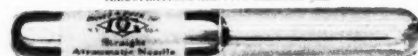
FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE—



ILLUSTRATIONS ARE FIVE EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.00
1342..TWO STRAIGHT NEEDLES...	36.....	3.60
1343..3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 00...0...1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0...2...4...6...8...16...24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

DAVIS & GECK INC. • 211-221 DUFFIELD ST. • BROOKLYN, N. Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00,0,1
400..BLACK SILKWORM GUT..	84.....	00,0,1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000,0,2
480..WHITE BRAIDED SILK....	60.....	00,0,2,4
490..BLACK BRAIDED SILK....	60.....	00,1,4

BOILABLE

Package of 12 tubes of a size. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
812..10-DAY KALMERID "	20..00,0,1,2,3	
822..20-DAY KALMERID "	20..00,0,1,2,3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK....	20.....	000,0,2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size. . . . \$1.50
Less 20% on gross or more or \$14.40, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
914..10-DAY KALMERID "	20..00,0,1,2,3	
924..20-DAY KALMERID "	20..00,0,1,2,3	
964..HORSEHAIR	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK....	20.....	000,0,2

BOILABLE

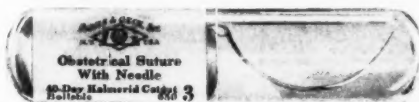
Package of 12 tubes of a size. . . . \$2.40
Less 20% on gross or more or \$23.04, net, a gross

The ash of D & G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



No. 650. Package of 12 tubes. . . . \$3.60
Less 20% on gross or more or \$34.56, net, a gross

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



No. 600. Package of 12 tubes. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

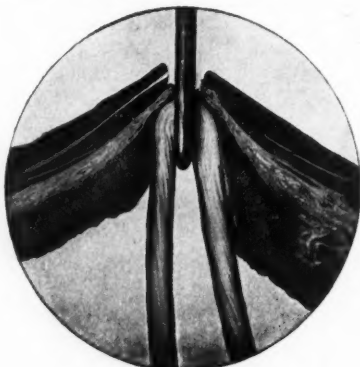
*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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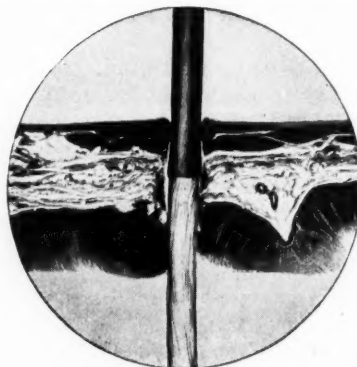
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MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of
20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING



PRODUCT
NO.

IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE

DOZEN
TUBES

- | | | |
|-------|--|--------|
| 1341. | A straight intestinal needle affixed to a 28-inch suture..... | \$3.00 |
| 1342. | Two straight intestinal needles affixed to a 36-inch suture..... | 3.60 |
| 1343. | A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture..... | 3.60 |
| 1345. | A half-circle intestinal needle affixed to a 28-inch suture..... | 3.60 |

SIZES: 00..0..1

20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. ^ 211-221 DUFFIELD STREET ^ BROOKLYN, N.Y., U.S.A.

Treat Patients with Abundant Oxygen in "Health Tanks"

Continued from Page 20

and to give it a more home-like appearance. On both ends of the tanks are assembly rooms for men and women. All the partitions were made in Canton out of heavy gauge steel, and match in their appearance the finest equipped Pullman car. The floor is four feet seven inches from the bottom of the tank. The space under the floor provides a convenient place for the maze of piping, such as air, hot and cold water, sewer, steam lines and wire conduits. The berths are about seven feet long and three feet wide. The doors between air lock and tanks are heavily armoured to resist the pressure, yet by the use of Timken thrust bearings they are opened or closed with but little effort.

The disposal of waste introduced certain difficulties on account of the change in pressure. Each tank empties into a septic tank of a size proportional to the number of patients in the tank. Assuming about 100 gallons of waste water per patient per day we made two septic tanks for the sphere containing 3,800 gallons, one septic tank for the large cylindrical tank containing 1,400 gallons, and a 1,000 gallon septic for the 35-foot tank. These septic tanks are under the same pressure as the health tanks and empty into the general sewer by shutting off the health tank connection and opening the valve which leads into the sewer.

The tanks rest on heavy foundations and are anchored solidly to the lock near the entrance while the balance of all the supporting saddles, resting on foundations, are equipped with rolls to take care of the heat expansion. Emergency exits are provided at the end of the tanks. To prevent any undue noise of metallic vibrations the steel floor plates are laid on rubber strips over the beams and are covered with battleship linoleum. Two and one-half inch equalizing pipes between the lock and every tank are installed with quick opening sliding valves so that men can enter any tank from the lock even when pressures in the three tanks are different. Each tank is equipped with a four-inch emergency blow-out in case a slight adjustment in the tank pressure is desired. All the tanks are connected with specially designed pressure recording gauges in the power house which give the operating engineer a clear record of the fluctuations in the tanks. The expansion of the cylindrical tanks due to the pressure was measured by means of an outside structure. An increase of five-eighths-inch in tank diameter was found at 30 pounds and one and one-eighth inches at 60 pounds.

To connect the lock with the sphere heavy reinforcement by means of rugged steel castings in the opening was necessary. As mentioned before, the sphere is 64 feet in diameter, the first attempt in human history to use this unique steel ball to house people under pressure. It is impossible to give all the details encountered in the construction of this spherical sky-scraper, but it is interesting to know that the weight of the sphere with all that is in it amounts to about 900 tons.

The sphere is divided into five stories. The first

Continued on Page 42

MOP?

SLOP!



THERE'S danger ahead for the institution which clings to the old "slop and mop" way of floor cleaning. Danger not only to its reputation and the welfare of its patients, but to the economy of its budget as well. Modern hospitals heed the signs and recognize that the same degree of cleanliness must apply to their floors as is the rule throughout the rest of their immaculate institution.

In the face of such a problem, leading hospitals all over the country are relying upon **FINNELL SYSTEM** to keep their floors scrupulously clean. In the operating room, in the wards, in the corridors—throughout the whole institution, the **FINNELL** Electric Floor machine works noiselessly, getting the dirt out of the cracks and crevices, making the floors beautifully clean. Operates flush with the baseboard too, gets into corners, and under permanent fixtures and furnishings. The **FINNELL** Electric Floor machine waxes and polishes linoleum or wood floors just as easily and quickly as it scrubs.

FINNELL SYSTEM will prove a real economy in your hospital, in floor surfaces preserved as well as in time, labour, and money saved. There is a right size **FINNELL** among the eight different models for every hospital, large or small. Our engineers will be glad to advise you as to the model best suited to your requirements. It costs you nothing to investigate.

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IT POLISHES
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FINNELL

ELECTRIC FLOOR MACHINE

Please refer to *THE CANADIAN HOSPITAL* when writing

New Hospital is Opened at Nanaimo

Nanaimo's new hospital, constructed at a cost of about \$186,000, with other work to be done as opportunity renders necessary, taking the total to nearly \$250,000, has been formally opened by the Lieutenant-Governor, Hon. R. R. Bruce.

The building is the third hospital structure to be erected in Nanaimo, B.C., the first site being on Chapel Street, and the second building is now in course of being dismantled, at the rear of the present site. It is understood some portion will be preserved for isolation quarters and for a laundry. Beyond that, it is not expected any salvage is possible, for the remainder of the structures have rapidly deteriorated since the old hospital was closed on June 1, 1927.

The building plans were prepared by the late E. A. Henderson, of Vancouver, who passed away before its completion. The foundation stone was laid by Hon. W. C. Nichol, in August, 1925, when he was Lieutenant-Governor of British Columbia. Occupying a magnificent site facing on Kennedy Street, with grounds running to Franklin and Macleary Streets, overlooking the city, the building is constructed in the form of a Greek cross. It has 120 feet frontage with a main portion forty-eight feet deep. With the extension, the total depth is 110 feet.

The building is of reinforced concrete and hollow tile, finished in stucco and red brick, and is fireproof throughout.

The hospital is particularly fortunate in the loca-

tion of the operating rooms, which have been placed to secure the maximum of light. Both major and minor operating rooms have been tiled throughout. Metal furniture is installed in them. Sterilizing and X-ray departments are also adjacent on the same floor.

The building is freely provided throughout with storage closets, cooling chambers and all facilities for the care of patients according to the needs of each floor.

Special attention has been given to equip the maternity ward. In fitting up the private and other wards, there has been a great display of the generosity of the various service, social, and fraternal organizations of Nanaimo, almost every room bearing a card indicating the thanks to the donors.

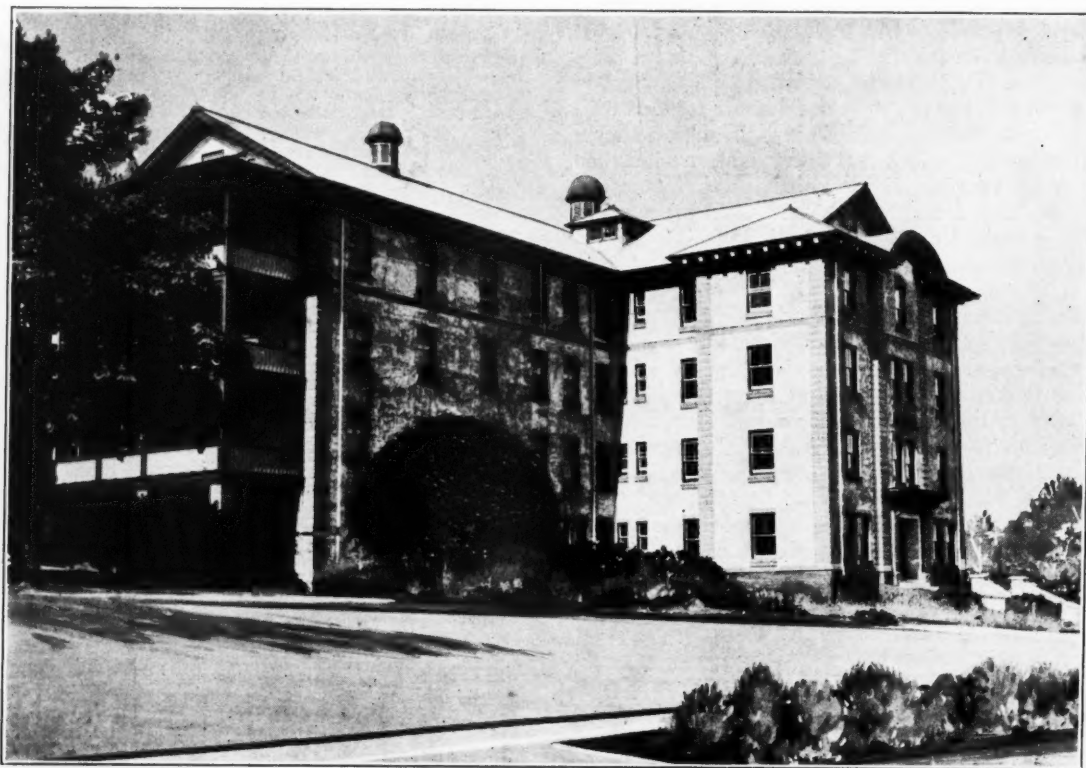
To avoid the noise of bells, a system of signal by lights has been initiated, which serves to inform the nurses of patients' needs.

There are seventy-five beds in all, including the bassinets in the nurseries.

The heating plant is thoroughly modern, the furnace being a coal burner, with individual control of heat, and steam to every part of the building.

To prevent vibration on the floors, linoleum is laid on concrete slabs, thus assuring quietness.

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Nanaimo Hospital, Nanaimo, B.C.



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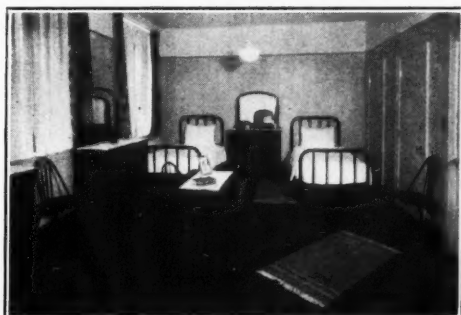
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Group Nursing from the Nurses' Point of View

As we have stated in these columns before, there has been much discussion, both written and oral, regarding the very pertinent subject of group nursing. It has been discussed chiefly, we believe, from the point of view of the patient which is, after all, the point of view which should be first considered, since in hospitalization the comfort of the patient is paramount.

There are other sides to the question, however, which are of great importance and one of these phases concerns the nurse. How does she like the group nursing plan? Does she find the work too strenuous? How do the features she likes compare with the features she does not like?

Some time ago there appeared in "Hospital Progress" an article dealing with this question and we feel that our readers would be interested in the nurses' point of view of group nursing as expressed by this writer. She is Miss Alice A. Hopland, of Duluth, and is a registered nurse. She expresses her views as follows:

"Group nursing at St. Luke's Hospital, Duluth, is still in its infancy, but even so, we have found that it has many advantages, and of course some features we do not like quite so well. Following are some of the points we especially like: (1) It is interesting; (2) it is educational; (3) it tends toward regularity and steady employment; (4) it provides time off duty; (5) we become more attached to the hospital; (6) we are employed and paid by the hospital; (7) we note the appreciation of patients.

"Interesting work plays a big part in the happiness of an individual, and we all agree that group nursing is very interesting. To have the care of just one patient oftentimes becomes very monotonous, but taking care of several patients does away with this. There is also the constant changing of patients;

almost every day brings us one new patient. Meeting and working so closely with so many patients gives us a wonderful opportunity to study human nature, and it is interesting to note how differently folks react to pain and discomfort.

"From the standpoint of knowledge, group nursing is also very good. Instead of caring for just one type of case, we have as many as six at a time. We have the full responsibility of care and treatment of these patients, therefore, lasting impressions are made upon our minds. We become better acquainted with a greater number of doctors, and soon learn the methods and orders peculiar to each.

"Regularity and steady employment is also very beneficial. We know just where we are going to be each day, and don't need to wonder and worry about where we will be sent next. We always know that we will be working four weeks of day duty and then two weeks of night duty, and in this way, we can always plan ahead for outside interests. In doing private duty this is always quite a problem. The two hours off duty each day is much appreciated. Getting away from our work for even that short time seems to put new life into us and we are able to work with much more enthusiasm. Doing "group nursing" (although not considered institutional work), helps to bring us closer to the hospital. We take more interest in what is being done and become better acquainted with those in authority, as well as with the student nurses.

"Being employed by the hospital, we need never worry about whether or not we will be paid. We know just how much money we will make and can budget accordingly. There is never the question of money between us and our patient, and this does away with one hardship. Our patients pay the

Continued on Page 30



Children's Nursery, Nanaimo Hospital



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Group Nursing from the Nurses' Point of View

Continued from Page 28

hospital for our services, and in this way our work seems more appreciated.

"The good will and appreciation of many of our patients also makes our work more pleasant. A good many of the patients we have had would have been unable to employ two full-time nurses, and therefore, would not have got the special care they needed. The thought that we have helped to lighten someone else's burdens financially as well as physically makes us feel better.

"Dr. Richard M. Bradley in an address delivered before the "League of National Education," Seattle, Washington, tries to point out how the work of the nurse can be extended to the whole people. In his study of the conditions existing, he has found that financially the graduate nurse is inaccessible to eighty per cent. of the people of the United States. This deprives the nurse of her birthright, for is not her place at the bedside of everyone who needs her services? To me it seems that group nursing is at least a partial solution to this problem.

"In speaking of the things that are not so pleasant, we must bear in mind that all things are not perfect, and that it requires time to correct difficulties. The following are some of the weak points of group nursing: (1) Room arrangement; (2) confusion of transfers; (3) too confining; (4) too many patients to a group; (5) if more than one group is organized, it is difficult to keep them strictly separate.

"Room arrangement is a problem hard to adjust except when a hospital is being built or remodelled with "group nursing in mind." We have our patients in private rooms as a general rule and this makes it hard to watch our other two patients while working with the one. If the patients were ill in a ward or in rooms which were in some way connected, this problem would be solved.

"Transferring of patients on and off "group

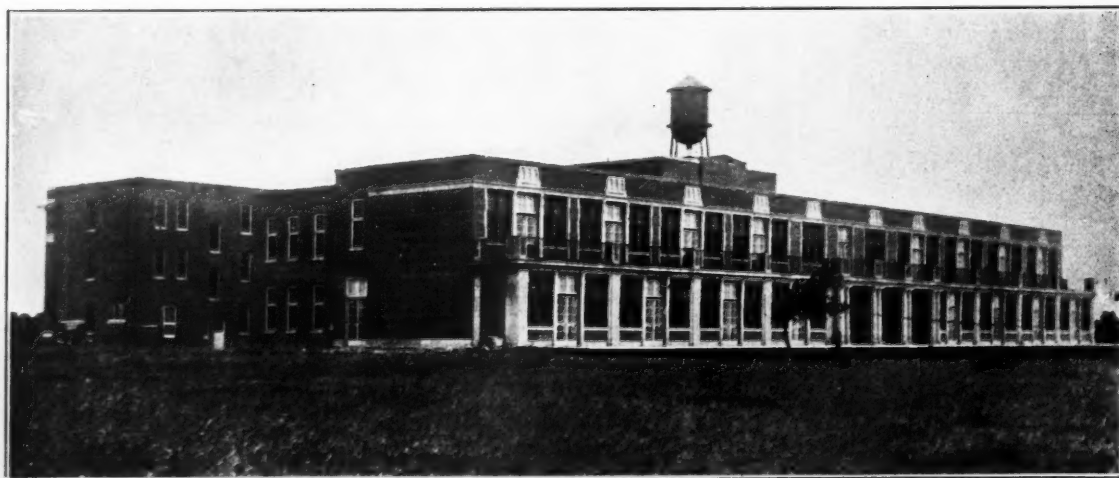
nursing" causes a good deal of confusion and work, but the heaviest burden of this falls upon the hospital management. I have already said that the regularity was a good point, but group nursing as it is done here is really too confining. We work every day of the week and are on duty at 7 a.m. every day. We feel that if we could have one whole day off duty every month, or at least a Sunday morning every other week, it would help so much. We have one afternoon off duty twice a month but this does not give us enough time for rest. One must have rest and recreation in order to do one's work successfully, and when we have from four to six patients we are so busy that by night we are usually very tired.

"Six patients is sometimes too many to one group, and we feel at times that four is all we can care for properly. If the six patients are convalescing, it is all right, but with as many as three or four fresh operatives, the task is almost impossible. If there is more than one group, we feel that they should be kept strictly separate. One group of nurses should not have anything to do with the other in regard to hours, or care of patients in any way. To keep six patients in mind and to know their cases thoroughly is enough and trying to care for a larger number makes "group nursing" too much like general duty. We want our patients to have the very best possible care without having to be with them constantly.

"If 'group nursing' is to be successful, I believe that the nurses themselves must be vitally interested in the work, do it for the sake of love of service, and adhere as closely as possible to the standards set forth by Florence Nightingale."

Death of Dr. Oliver R. Mabee

Toronto has lost a noted and able surgeon in the death on January 13 of Dr. Oliver Raymond Mabee. Dr. Mabee was assistant surgeon at the Toronto General Hospital and administrator in surgery at the University of Toronto.



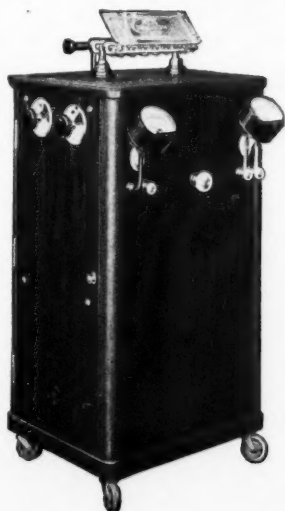
Patients' Section, Hospital for Sick Children. All wards face the south.



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General Public Hospital, Saint John, N.B., Was Founded in 1860

The General Public Hospital in Saint John is owned and financed by the Municipality of the City and County of Saint John. It is governed by a Board of Commissioners, four of whom are appointed by the Lieutenant-Governor-in-Council of the Province of New Brunswick, two by Common Council of the City of Saint John, and three by the Council of the Municipality of the City and County of Saint John.

In the year 1860 Dr. Wm. Bayard, a prominent member of the medical profession, conceived the idea of building a hospital for the care and maintenance of the poor of the city. The population at that time was upwards of 30,000, and there was no place wherein those requiring treatment could receive it, other than in their own homes or in the Municipal Poor House. Dr. Bayard, as physician in charge of the Poor House and as a member of the Board of Health, was well qualified to speak on the needs of hospital accommodation. Through the medium of the local press, he brought the subject before the local community and, as a result, the sum of \$10,000 was pledged for the purpose of erecting a hospital. The amount pledged was not sufficient, however, and he abandoned the idea of constructing a hospital through private subscription. He then decided that the best course to pursue would be to request the Legislature to authorize the sale of bonds for the construction of the hospital, and to impose a tax upon the ratepayers for its maintenance. A number of the citizens were in hearty sympathy with this project and gave him their assistance, but the majority were opposed to the idea on the grounds that it would mean increased taxation.

Much Opposition Met

The Bill was prepared and presented to the Legislature to authorize the sale of bonds for the sum of \$50,000. This Bill met with considerable opposition, both from the press and from the Common Council, and a committee was sent to Fredericton to oppose the passage of the Bill. It was passed, however, and became law on the 9th day of April, in the year 1860, due in no small measure to the able assistance of Hon. John Robertson, Sir Leonard Tilley, R. D. Wilmot, John H. Gray and Sir Albert Smith. The Bill did not grant all that was asked for, the Commissioners being given authority to sell bonds not to exceed \$28,000, and the poll tax to be levied for its maintenance to be reduced from \$1.00 to \$0.25.

On the 3rd of July, 1860, Hon. John Robertson, Dr. Wm. Bayard, Wm. H. Scovil, R. W. Cruikshank and John McLachlan were appointed Commissioners to carry out the Act, and on the 15th of August, 1860, the first meeting of the Board was held and the following officers elected:—Hon. John Robertson, President; Dr. Wm. Bayard, Vice-President; John Ansley, Secretary.

The first matter to receive consideration by the newly appointed Board was the question of the hospital site and tenders were requested for various sites throughout the city.

In December, 1860, the various tenders were considered and the Board decided to purchase some three acres of land between Waterloo Street and City Road, for the sum of \$11,650.

In January, 1861, a seal was obtained for the Corporation and in July of the same year Mathew Stead was engaged to prepare plans and specifications for the building, which was to face towards Waterloo Street, with a central building of three storeys, with wings radiating eastward and westward of two storeys each. The amount of money available for construction was found insufficient and the Legislature was again requested for a further bond issue of \$26,000. Authority was given for \$18,000 and this, with the original grant of \$28,000 (total \$46,000), was found insufficient, consequently it was found necessary to curtail the construction and only the main building and the eastern wing were built.

Opened in 1863

Subsequently a grant of \$8,000 was made by the Province, and the estate of the late Richard Sands donated \$2,000. Tenders were called for the construction of the hospital according to the amended plans, the building to be completed in the early part of 1863. The contract was awarded to Jas. Quinton, but the specifications did not include excavation, drainage, heating or plumbing.

In 1863 Senator John Robertson resigned as President of the Board of Commissioners, on his removal to England, and Dr. Wm. Bayard was appointed President of the Board, with Wm. H. A. Keans, Vice-President, he having been appointed on the Board to fill the vacancy caused by the resignation of Senator Robertson. R. W. Cruikshank was appointed Treasurer.

At the request of the Board, Dr. Bayard framed the by-laws, which were adopted in 1865.

In June of that year the hospital was opened for the reception of patients and the following were appointed as members of the staff:—Le Baron Notsford, M.D., Glasgow; Edwin Bayard, M.D., Edinburgh; T. W. Smith, M.D., Edinburgh; J. T. Steeves, M.C., New York; G. E. S. Keator, M.C., New York; W. S. Harding, M.R.C.S., England.

At the same time Jas. Sinclair, M.D., was appointed house surgeon and Mrs. Mary Craig, matron. The first patient was admitted on June 1st, 1865.

When the plan was first suggested for the construction of a hospital, there was considerable opposition from the various sources, but after the hospital opened the public generally recognized that it filled a long felt want in the life of the community. It is true that the hospital was not looked upon in the

same light then that hospitals are to-day and was not patronized to anything like the same extent, but gradually the opposition died away and the hospital became an accepted fact.

In 1872 an Act was passed by the Provincial Legislature, authorizing the Commissioners to construct a Hospital for Infectious Diseases upon the hospital property, at a cost of \$6,000. As the Board of Health had obtained the use of the old military hospital on the Barrack Green for that purpose, the Act was not enforced until 1885, when the Common Council required the building to be removed from the Barrack Green, which is located in the southern section of the city proper. This request was complied with and the Commissioners proceeded to erect a hospital as authorized by the Act of 1872.

Two months after the work had been commenced and when the sum of \$2,000 had been expended, the citizens awoke to the fact that a hospital for Infectious Diseases was being constructed adjacent to the General Public Hospital. Opposition of the plan was very pronounced, as in those days the control of infectious diseases had not become the science that it is to-day. Strong representations were made to the Provincial Legislature to stop further construction, but in this those who were sponsoring the opposition did not meet with success, as the Legislature had previously declared that "a hospital for contagious diseases shall be constructed on the grounds of the General Public Hospital." But

they were successful in having an Act passed, placing the responsibility of the location upon the Board of Commissioners.

In 1888, a training school for nurses was established in conjunction with the hospital and Dr. Bayard (President of the Board) gave the opening address, and Commissioners Walker and Hetherington, together with the members of the medical staff, were appointed lecturers of the school.

The demands for hospital accommodation were slowly but surely increasing, and with the establishing of the training school, it was found that there was not sufficient accommodation to care for the nurses, as it was felt that they should have accommodation elsewhere than in the main hospital building. With this in view, the Board approached Lady Tilley, wife of the Lieutenant-Governor and enlisted her services in securing a home for nurses. Due to her efforts and the able assistance of many ladies in the city, a two-storey building was constructed at the rear of the hospital, for use as a nurses' home.

As time went on and the demands for hospital accommodation increased, it was felt that the time was opportune to proceed with the erection of the western wing, which was part of the original plan of construction.

In the year 1889 the Board of Commissioners were granted permission by the Provincial Legislature to sell bonds to the amount of \$14,000, to complete and furnish the building by adding the

Continued on Page 36



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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers.*

*Editor's Note: Contributions of items for publication in this department will be gladly received.
Please address, The Canadian Hospital, 454 King Street West, Toronto.*

DINSMORE, SASK.—The Dinsmore community hospital association opened its cottage hospital at the beginning of the year with Miss Adams, formerly of Regina, as matron.

* * *

EDMONTON, ALTA.—Dr. A. F. Anderson, of Edmonton, has been unanimously appointed superintendent of the Royal Alexandra Hospital. Prominent among Edmonton practitioners, Dr. Anderson is a past-president of the Edmonton Academy of Medicine, and of the Alberta Medical Association, and is a member of the Canadian Medical Association. For the past eight years he has been associated with some of the most prominent physicians in Edmonton in a clinic.

* * *

GUELPH, ONTARIO.—At the annual meeting of shareholders of the Homewood Sanitarium, Wellington A. Cameron and H. C. Scholfield, M.P.P., were re-elected President and vice-president, respectively.

* * *

HAZELTON, B.C.—After nearly five years as matron and superintendent of the nurses' training school at the Hazelton Hospital, Mrs. Mathieson has resigned her position to accept the appointment of superintendent of the hospital at Mission City.

* * *

MONTREAL, QUE.—Dr. Edward William Archibald, professor of surgery at McGill University, and surgeon of the Royal Victoria Hospital, has been appointed surgeon-in-chief of the latter institution.

* * *

MONTREAL, P.Q.—Francis P. Sheppard, M.D., LL.D., F.R.C.S., one of the foremost of Canadian surgeons, Emeritus Dean and Professor of Medicine at McGill University, and formerly Surgeon-in-Chief of the Montreal General Hospital, died at his home here on January 18, in his seventy-eighth year.

* * *

REGINA, SASK.—Dr. R. C. Riley, London, Ont., has been appointed by the Regina Hospital Board as pathologist at that institution.

* * *

ST. JOHN, N.B.—Miss Mary Doherty, R.N., who for the past five years has been superintendent of the Grand Falls private hospital, has resigned her position in that institution.

SAINT JOHN, N.B.—Dr. A. B. Walter, at present of Montreal, but recently practising in Cambridge, N.B., has been appointed to the staff of the General Public Hospital here. He is to take up his duties in April.

* * *

SARNIA, ONTARIO.—A donation of \$10,000 has been received for a special ward for children in the new wing of the General Hospital.

* * *

TIMMINS, ONT.—Dr. J. G. Hague, formerly of Toronto, has been appointed to take charge of the X-ray department of the St. Boniface Hospital, St. Boniface, Man.

* * *

WINDSOR, ONT.—The hospital committee have announced the addition of thirteen more doctors to

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the staff of the Metropolitan General Hospital, bringing the staff up to 104. The added doctors are: Dr. A. W. Keane, Essex; Dr. E. K. Lyon, Leamington; Dr. A. J. Menard, Windsor; Dr. H. B. Smith, Windsor; Dr. G. C. Snell, Leamington; Dr. H. I. Wiley, Windsor; Dr. J. P. Boley, Windsor; Dr. W. G. G. Coulter, Windsor; Dr. F. D. Linton, Riverside; Dr. William A. Macdonald, Windsor; Dr. W. T. Veale, Harrow; Dr. G. W. Rogers, Essex; Dr. E. C. Harris, Amherstburg.

Oxbow Community Hospital

The Oxbow Community Hospital, situated in Oxbow, Sask., was at the outset a private enterprise. Later the Community decided to take over the hospital and for this purpose bought a three-storey, brick veneer building which seemed to be suitable for the purpose, and it has since served admirably



in this capacity. It has been improved at times as finances permitted and it is hoped to institute more improvements as time goes on.

It is supported by gifts, grants, etc., from the municipalities of Enniskillen and Moose Creek as well as the town of Oxbow in addition to the earnings of the hospital itself. They are now also receiving the government grant.

The staff consists of the lady superintendent, Miss L. E. Fletcher, R.N., one graduate nurse, maid and janitor, and these give to the sick of the community that faithful service which is so necessary whether one lives in the centre of a big city or in an isolated town.

Visitors Should Use Tact

Visiting the sick is an art that few have learned to practice successfully. To the person who is weak and depressed, visitors are so often a real ordeal instead of a comfort, says Dorothy Blacke, who writes in *Hygeia* of some visitors who left her limp and others who brought real cheer.

They all come with the best of intentions, but many take away more strength than they impart.

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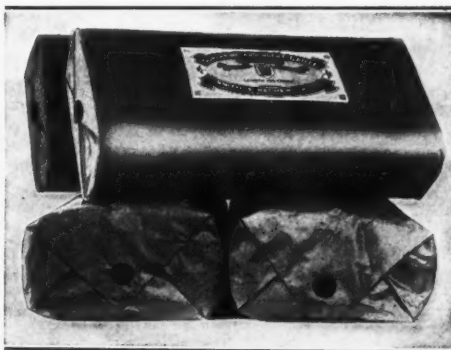
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General Public Hospital, St. John, Was Founded in 1860

Continued from Page 33

western wing, thus completing the original plan of construction. When this wing was completed the hospital was in a better condition to meet the needs of the community, for hospital service, and the hospital was a credit to the municipality with a main central building, with two-storey wings radiating east and west and a small wing facing north.

As additions were made to the hospital, corresponding adjustments and additions were made to the medical staff, who were appointed by the Board of Commissioners and were subject to the regulations governing the treatment of patients, as laid down by the Board of Commissioners.

Throughout the history of the hospital, one factor stands out very prominent, but it is one which is general with hospitals everywhere, and that is finances. At the outset great opposition was encountered, owing to the fear of increased taxation, and invariably requests for funds were opposed and amounts granted less than the amounts asked for.

A small grant was received from the Provincial Government as this was the first hospital in New Brunswick and patients were sent here from outside of the county of Saint John. This is the practice down to the present day, but with this difference that outside counties are charged for the maintenance of the poor of their county.

Prior to the year 1893, seamen were treated in the Marine Hospital, but in that year a contract was entered into with the Dominion Government to care for sailors in this hospital, the hospital to receive ninety cents (90 cents) per day for each patient.

The addition of the sick mariners to the hospital population and the growing needs of the citizens generally for hospital accommodation, necessitates that the hospital be enlarged from time to time, in order to meet the demands made upon it. An additional storey was added to both the eastern and western wings, and also the L, which was built in a northerly direction from the main building.

Has Complete Facilities

It was also found expedient to establish an out-patient department and part of the first floor of the western wing was used for this service, such minor operations and dressings being done in the operating room. This department developed so rapidly that it was felt necessary to establish an operating theatre elsewhere, and through the generosity of one of our citizens, Mr. Owen Jones, the present operating theatre was established and equipped, in the eastern wing of the top storey.

The laboratory department, dispensary and X-ray department followed in due course and the services were developed to such an extent that in a short time increased accommodation was necessary.

With so many additions to the hospital and the increased service, it was found necessary to construct a modern power plant with laundry immediately above it. This was done in 1918, and shortly after-

ward the new nurses' home was started. In 1921 the nurses' home was opened, and it is a modern, well-equipped four-storey building, with accommodation for some seventy-five nurses.

With the opening of the new nurses' home, the old home became available for other services, and practically all of the administrative departments are housed in the old home, thus making available more accommodation in the hospital proper for patients.

With the construction of the new power house, the basement of the west wing became available for other services and a modern out-patient department was constructed and was opened in the latter part of 1923.

With the removal of the out-patient department to the basement, the space vacated was utilized to construct and equip a modern X-ray department. Part of the old nurses' home was also taken over to increase the space allocated to the laboratory.

Now 150 Bed Hospital

It was also found that the accommodation for the epidemic hospital was insufficient and in 1922 a wing was added to the epidemic hospital and the old part of the building remodelled. The building as it is now is a complete unit for the care and treatment of infectious and contagious diseases.

When the hospital was first started, the Board of Commissioners had the power (with authority of the Provincial Legislature) to issue bonds for construction purposes, but for several years past the municipality of the city and county of Saint John has had this power and all major expenditures are bonded by the municipality.

To-day, of course, the hospital is looked upon as an absolute necessity, and even with the increased accommodation the Board is at times unable to meet all the demands made upon it for accommodation for in-patients. The day has gone by when the hospital is the last place to go to, and now it is about the first place thought of when medical and nursing attention are required.

From a small beginning, the hospital has been built up and developed, so that to-day one hundred and fifty patients can be accommodated in the main building and forty-five in the epidemic hospital. The staff numbers one hundred and thirty-three, of which number there is an average of sixty student nurses in the training school.

The medical board consists of twenty-one of the leading physicians and surgeons in the city. As the hospital is standardized according to the requirements of the American College of Surgeons, members of the medical profession have the privilege of treating private cases on receiving the permission of the Board of Commissioners and subscribing to the standardization regulations.

There are twenty-seven private rooms in the hospital, two large, bright airy wards and three small wards, with a number of semi-private rooms for the care of semi-private patients, and also a section for the care of cases which require segregation.

The laboratory and X-ray departments are modern

and well equipped and are staffed by competent directors.

The government of the hospital is in the hands of the Board of Commissioners, who hold their appointment for life. The Board meets on the second Friday of each month, and the reports from the various departments are considered along with all matters pertaining to hospital administration.

The Board of Commissioners, as at present constituted is as follows:—Miles E. Agar, Esq., President; Lieut.-Col. Alex. McMillan, D.S.P., Vice-President; Mrs. J. Verner McLellan, Treasurer; Wm. E. Emerson, Esq.; Jos. L. O'Brien, Esq.; Walter W. White, M.C.; Dr. C. M. Pratt, Mr. J. F. H. Teed, Dr. G. A. B. Addy.

Additions to Kelowna Hospital Fill Need of Growing District

The building of the two additions to the present Kelowna, B.C., General Hospital is part of the building programme started early in 1927 to meet the insistent demands of a fast-growing district. Since the 1923 census, the town population has increased from 2,600 to 4,300, and the district from 4,500 to about 7,000. This programme involves a total expenditure of about \$75,000.

A year ago the whole of the old hospital was completely remodelled and partially rebuilt, with certain additions being made. The former maternity wing

was included in the general hospital bringing the total number of beds in the hospital to thirty-four. The remodelled building was equipped throughout with Frigidaire; there were three diet kitchens installed as well as a main kitchen and bacteriological laboratory.

A new operating room with the most modern equipment was added and the hospital was equipped with a silent call system. The building was completely re-wired and re-floored, and re-decorated inside and out. New boilers were also installed sufficient to take care of future needs.

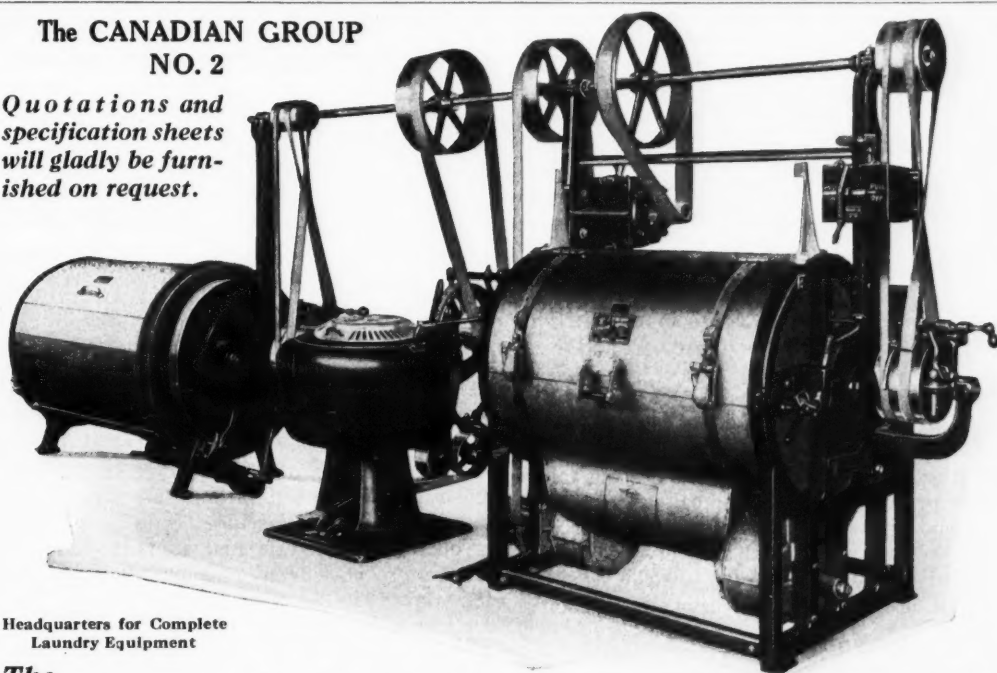
The two new additions comprise a maternity hospital and isolation hospital. The maternity hospital will accommodate sixteen beds and the isolation hospital eleven. The grounds, which are extensive, are being laid out at the expense of the Gyro Club and when these are in shape the hospital will be most attractive as well as in a better position to attend to the demands of the sick of the district.

Another pressing need, for which, as yet, no definite plans have been made, is for added public ward accommodation, and it is not improbable that an extension for this purpose will have to be made at a not too distant date.

One should rest, but not sleep, after eating. One or two hours should elapse between a light evening meal and bedtime and three or four hours between a heavy meal and sleep.

The CANADIAN GROUP NO. 2

*Quotations and
specification sheets
will gladly be furnished
on request.*

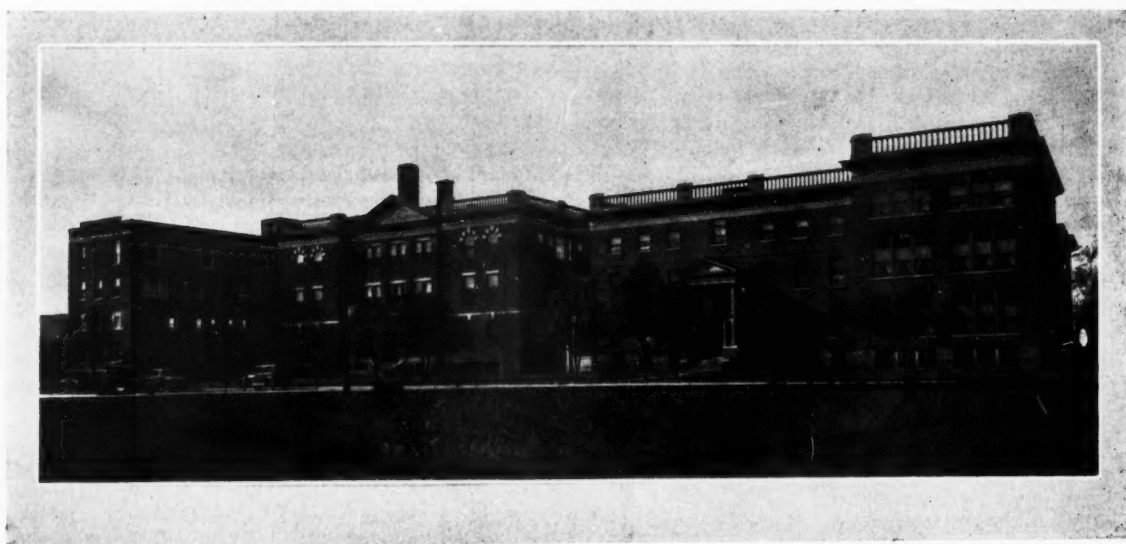


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McKellar General Hospital, Fort William, An Efficient Health Centre

A hospital should perform a primary service to the community—the care and cure of the sick, the saving of life, and incidentally as a health centre—the prevention of disease, the improvement of sanitary and every life phase of the community.

McKellar General Hospital aims to live up to this standard. It is a fully standardized hospital of two hundred beds, with Miss P. L. Morrison, R.N.F.B.-C.N., as superintendent, and H. H. Browne, as business manager and secretary-treasurer.

It is governed by a board of trustees of which D. Smith is president, J. A. Fife, vice-president; F. W. Fraser, 2nd vice-president; and H. Murphy, W. R. Coslett, H. M. Piper, P. McKellar, C. W. Jarvis, W. C. Lillie, F. J. O'Brien, W. J. Dollery, Dr. C. C. McCullough, Dr. R. McTavish (president of medical staff), and the mayor (ex-officio) are members.

The personnel are trained and competent. The equipment in all departments is of the best and most up-to-date.

The new addition now is completed and is divided as follows:

The X-ray department is operating on the major portion of the ground floor, the balance being taken up with five private wards for medical cases.

The second and third floors are used exclusively for the maternity patients and are very beautifully furnished and equipped.

The fourth floor is used solely as operating rooms.

BOARD OF TRUSTEES

The board of trustees and staff are very grateful to the following, who so kindly furnished wards in the new addition: The Elizabeth Jarrell Allen Memorial, Mr. and Mrs. C. E. Chapple, Mr. and Mrs. P. H. B. Dawson, the Daily Times-Journal, the

Canadian Legion B.E.S.L., Mr. and Mrs. R. B. Pow, the late Mr. F. C. Perry, the Rotary Club, Fort William, and the Piper family.

The appointments in the private and semi-private wards, apart from being the best than can be secured, have meant a great deal of time in choosing that which would give the most harmonious effect, eliminating as much as possible the institutional atmosphere.

Although the city is so isolated from large centres, a service is maintained which is in every way efficient and up-to-date. This is to be rendered at a minimum financial outlay.

Nearly 5,000 patients have received treatment here during 1928.

Catholic Hospital Association Announces 1929 Convention

The Catholic Hospital Association of the United States and Canada wishes to make announcement of its Fourteenth Annual Convention to be held at the Stevens Hotel, Chicago, Illinois, May 6 to 10.

The officers of the Catholic Hospital Association and the Hospital Exhibitors' Association have spent several months in studying the problems of location, layout, local interests and support. Several other cities were considered and prominently mentioned for the 1929 Convention—St. Louis, Memphis, Detroit and Pittsburgh. Chicago, however, seemed to provide the most favourable and desirable facilities and conditions of any of the cities investigated; the Stevens Hotel presents an ideal layout for convention purposes; meeting, conference room facilities exist in abundance, carefully arranged so that the best results are easily obtained.

Halifax Has Modern Infectious Disease Hospital

Halifax now has a modern infectious disease hospital. It is now in use, having just been opened. The new hospital is located in a central part of the city, on Morris Street, in what is known as the "Hospital Zone," where are centred the Victoria General and its laboratory, the Children's Hospital, Tuberculosis Hospital, Grace Maternity Hospital, and the Dalhousie Medical School laboratory and clinic. The location is an ideal one affording, as it does, access to the hospital at all times and under all conditions.

The building is a two and a half storey structure, the walls being of brick, with stone trimmings, and the pitch-roof is covered with asbestos slate shingles. It stands back about twenty feet from the Morris Street line and has a frontage of 112 feet. The basement walls are of concrete, and granite steps lead up to the main entrance in the middle of the building. Branching from the main building at either end is a wing extending 67 feet back toward the City Home, the centre of the main building being but 35 feet deep, thus forming an alcove in the rear. The height of the building from the Morris Street level is about 29 feet and the whole interior is well lighted by plate glass windows. The ground between Morris Street and the building is being graded.

The hospital is heated from the central plant at the City Home building and every room has flowing hot and cold water. The building has a forty-bed capacity, but for the present but twenty-five will be prepared. When the building was planned there was in mind total separation of the sexes, and with that idea in view the east and west halves of the building were planned exactly alike. At either end in the rear is a concrete enclosed fireproof stairway with doors opening to it from the main and second floors and exit at the basement level to the open.

In the basement are the main kitchen, 22 by 15 feet, furnace room, nurses' dining room, maids and cooks' sitting room and sleeping chambers, toilets, fumigating room and workrooms.

On the main floor, which is of wood covered with linoleum, are the office on one side of the entrance, and the doctors' room on the other, the admitting room across the corridor, two diet kitchens, bath rooms and toilets, and ten one-bed and two two-bed ward rooms, as well as two convalescent rooms. There are also bath and linen rooms on this floor, at the rear of which are two open-air verandahs, out on which patients' beds may be wheeled from the floor level.

On the second floor are eleven one-bed and two two-bed wardrooms and also two three-bed convalescent rooms. On this floor also are the matron's sitting and bed rooms, two diet kitchens, and a number of toilets and shower baths. Provision is made for a limited number of paying patients, the rooms having toilet and bath rooms with showers attached. On the top floor are the nurses' rooms and baths.

Sunshine is Utilized to Benefit Undernourished School Children

A sunshine school for children who are underweight and undernourished, or who suffer from physical handicaps, is maintained by the public school system of Berkeley, Calif.

A building of the public school system was remodeled to provide sleeping rooms, sun platforms and a clinic in which the children are given physical examinations. It began in 1926 with forty pupils, two teachers, a nurse and a physician and has since been enlarged to care for sixty pupils, another teacher and nurse.

To start the day, each child's temperature is taken with his own thermometer. Then sunshine suits are donned. The children have an hour's classroom work, then go to the sun platforms for an hour. After the sunbath they rest or sleep for an hour.

At the completion of the sleep period the children have a carefully supervised lunch. Two study periods and another sleep hour take up the afternoon.

A general improvement in physical condition, an increase in pep, a good appetite, progress in school, a hardening of the muscles, a decrease in nervousness and fewer absences on account of colds or other illnesses are among the good results that have been accomplished by the Berkeley Sunshine School, Dr. Phillip S. Potter reports in *Hygeia*.

Since the Sunshine School is a public school it is accessible to all children and is regarded as a signal opportunity for health education.

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Canned Goods Retain High Percentage of Vitamins

By J. G. NEWTON
Of California Packers' Association

Some raw foods contain more vitamins before cooking than after, but it has been clearly shown that under the modern process of canning, vitamins are retained to a greater extent in canned foods than in foods cooked by ordinary methods. Canned foods are cooked in closed vessels and are subjected for a short time to a high degree of heat, and it has been conclusively shown that foods subjected for a short time to a high degree of heat lose less vitamins than foods lose under the ordinary methods of home cooking, where they are cooked for a longer time at a lower degree of heat.

Fruits and vegetables also tend to lose a certain amount of vitamins by oxidation, or exposure to the air after being gathered, and this is, to a large extent, avoided in canning, because practically all canneries are now located at the points where the products they can are grown and immediately these products are gathered, they are put through the cannery. Whereas, fruits purchased, also vegetables, for home canning or preserving, are frequently not cooked until some days after they are gathered, as these fruits and vegetables are frequently grown at quite a distance from the market where they are sold.

In view of the various experiments which have taken place, there is no doubt that the content of vitamins in canned foods compares most favourably with the vitamins in ordinary cooked foods and the tendency in the canning industry is to use shorter periods of cooking at higher temperatures.

Canned foods as prepared to-day are an enormous benefit to the world at large, as owing to the great variety of fine fruit, vegetables and foods of all kinds which are now prepared, people can have fine canned fruits and vegetables at all seasons of the year and, as a result of this, enjoy a condition of health which was impossible before the development of the canning industry.

These days it is not easy for all those who live in California, where fruits and vegetables are raised all the year round, to appreciate fully the many, many benefits of canned foods, but in the winter a large portion of the world is frozen up and in the cold region very little can be grown in the winter, but good canned fruits and vegetables take the place of the raw fruits and vegetables and with just as good results, so far as the health of human beings is concerned.

Since 1910 a great many experiments have been conducted by the leading chemists of the world in regard to vitamins and the different foods which contain vitamins.

In connection with the canned goods industry, let us consider a strictly modern cannery.

This cannery is located in the middle of the dis-

From an address by Mr. J. G. Newton of the California Packers' Association, to Los Angeles Branch I.S.A.

Please refer to THE CANADIAN HOSPITAL when writing

strict where these fruits or vegetables are grown. The cannery itself is immaculately clean. Just as soon as these fruits or vegetables have reached the points where they are in suitable condition for canning, they are brought in and canned immediately.

Under Careful Supervision

These goods, which are taken fresh from the field and immediately canned, are of the very finest quality. The canners' work does not commence when the foods are put in cans; it commences when the crops are sown, and the canners frequently supply the seed from which their crops are grown, especially in the case of tomatoes, peas, etc. And when the crops are growing and later harvested, the canner's men are out constantly inspecting the crops. Canned food packing is also under the constant supervision of government or state inspectors, who not only pay visits to the canneries, but constantly visit grocery stores and buy samples and turn them over to chemists for analysis. In fact, it is no exaggeration to say that canned foods as prepared to-day are about the cheapest and safest food a person can eat, and are without any form of bacteria. They are not only the cheapest and safest, but are also among the most enjoyable foods obtainable.

Well packed canned foods will very often last for years. There is an instance of an English war-ship sinking and part of the contents of this being recovered forty-four years later, and some of these contents were canned foods in perfect, edible condition.

The first discoveries in the art of canning were made by a Frenchman, Nicolas Appert, although he did not call it canning, because he used glass jars.

Necessity Created Method

At a time when France was at war with a large part of Europe on land and sea, the French government was willing to pay a sum of money to anybody who could find a way of supplying wholesome provisions to its sailors. Appert, after many experiments, discovered that food in air-tight packages could be sterilized with heat so that it would keep, and heat is the only thing that canners use to preserve the many kinds of food articles packed. We may mention that the original house of Appert is still putting up, in Paris, such products as jugged hare, braised pheasant, roast pigeon, partridge in jelly—in fact, its chief products are fine dishes ready to serve after reheating (such as are generally prepared by expert chefs).

It is this continent, however, which has developed the canning industry on an immense scale, and our canned products, owing to their fine quality and comparative cheapness, are in demand all over the world.

The development of the canning industry is the result of the research work of many able scientific men and the experiments of many able inventors backed by the industry and originality of the business men of this country, and the result of their efforts is that the canning industry of the U.S.A. is now one of the world's greatest industries, and cans more food for commercial purposes than all the rest of the world.

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AZNOE'S CANADIAN CALLS: (a) Western Canadian Hospital seeks Matron-Superintendent for training school to direct nursing, teach dietetics and general nursing. \$115 and railway fare from Vancouver. 40-beds, 6 students. (b) Instructor, Canadian, Protestant preferred, for 60-bed hospital. East. 25 student nurses. \$100. No. 2161 Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago, Illinois.

AZNOE'S MISCELLANEOUS CALLS: (a) Woman Laboratory X-ray Technician for 60-bed general hospital, New England. \$100. (b) Anesthetist experienced in Ethylene, for 275-bed general hospital; north. \$125, meals and laundry. No. 2162. Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago, Illinois.

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Treat Patients with Abundant Oxygen in "Health Tanks"

Continued from Page 25

floor is the dining room with an attractively laid out balcony, then three bedroom floors with a spacious recreation room on the top floor. An elevator in the middle of the sphere, four by six feet, with a capacity of 1,800 pounds and speed of 100 feet per minute, makes all floors readily accessible to the patients. Material of the sphere is flanged steel with 55,000 pounds tensile strength; the joints are butt-double strap-double riveted, 80 per cent. efficient. This conforms to a factor of safety of 5.4. The live and dead load on the dining room floor is 185 pounds per square foot, the balance 100 pounds per square foot. Every floor is equipped with a special fire door which connects to the outside by means of an elaborate fire escape. Foundations are laid with a specific load of one ton per square foot—large enough to prevent tipping from a 100-mile gale.

Each floor has twelve bedrooms completely equipped with clothes closets, bath tubs or showers, lavatories and toilets. Six port holes for each room provide more than enough light to compare favourably with the comforts of a high class hotel room. A special stairway is arranged around the elevator. Partitions are made of four-inch Pyrobar, plastered both sides, while the floors are two and one-half-inch concrete, laid on eight-inch steel joists covered with

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mastic. The ceilings are covered with three-quarter inch thick plaster no high rib lath. The insulation of the sphere is two and three-quarter inches of a mixture of Banner Rock and Silocel, with sliding joint connection to the partitions and floors. Not a single piece of wood or inflammable material was used in the construction of the sphere. Special ducts on the inside of the rooms were used to carry not only the complicated piping system but the most elaborate electrical wiring.

Every room has connections for telephone and radio, which, on account of the elimination of outside noises, will give the best reception.

The peculiar setting of this layout and oddity of this tank, with its silvery appearance in the day time and its 500 illuminated port lights at night, enhancing the phosphorus glow, will possibly serve as a guiding medium for Uncle Sam's fearless night riders of the air mail service.

Please refer to THE CANADIAN HOSPITAL when writing

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Cellucotton Absorbent Wadding in this test, has absorbed nearly six times as much fluid before leakage. Notice also how the drainage has penetrated to every part of the dressing.

CELLUCOTTON Absorbent Wadding is *all* absorbent, every fibre works. In most grades of absorbent cotton only a small central area of the dressing is effective, the rest is wasted.

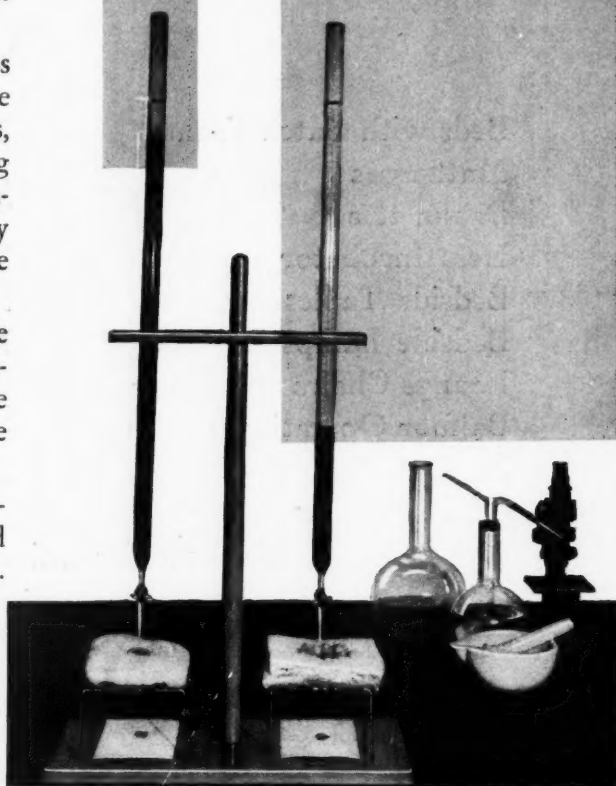
Cellucotton Absorbent Wadding absorbs from 3 to 5 times as much drainage before saturation. This means fewer dressings, fewer changes and a very definite saving both of material and time in heavy drainage cases, such as prostatectomy, cystotomy and empyema, where the highest possible absorbency is required.

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